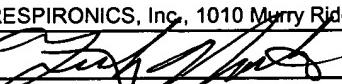
 <p>TRANSMITTAL FORM</p> <p>(To be used for all correspondence after initial filing)</p>	Application Number	09/781,610	
	Filing Date	February 12, 2001	
	Confirmation Number	3883	
	Inventor(s)	DENYER et al.	
	Group Art Unit	3731	
Express Mail Label No.: EV 196253338 US	Examiner	Mendoza, M.	
Total Number of Pages in This Submission:	23	Attorney Docket No.	00-41 RCE

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet	
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group	
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)	
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application	
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail		
<input type="checkbox"/> Search report			
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____		
<input type="checkbox"/> Formal			
<input type="checkbox"/> Informal			

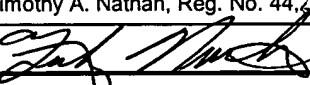
Current Due Date: September 16, 2006 (3 months extended)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Timothy A. Nathan, Reg. No. 44,256 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	August 24, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:
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Typed Name	Timothy A. Nathan, Reg. No. 44,256
Signature	
Date	August 24, 2006

O P E FEE TRANSMITTAL <small>AUG 24 2006 (Effective 12/08/2004)</small> <small>PATENT AND TRADEMARK OFFICE</small>		Application Number	09/781,610
		Filing Date	February 12, 2001
		First Named Inventor	DENYER et al.
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"Express Mail" No. EV 196253338 US		Examiner's Name	Mendoza, M.
TOTAL AMOUNT OF PAYMENT		\$ 1,990.00	Attorney Docket No.
			00-41 RCE

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																			
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 50-0558</p> <p>Deposit Account Name Respiration, Inc.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 1.19 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>		<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>X 250 =</td> <td>0.00</td> </tr> </tbody> </table> <p>4. 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SUBMITTED BY				
Typed or Printed Name	Timothy A. Nathan			Reg. Number
Signature		Date	August 24, 2006	Deposit Account Number
				50-0558



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